

**THE MOST COMMON CODING PROBLEMS
in the February RMTS Pilot:
A Beginning List**

1. NO LINK TO MEDICAID			
<u>ORIGINALLY CODED AS</u>	<u>TO BE RECODED AS</u>	<u>AS WRITTEN</u>	<u>COMMENTS</u>
3	2	At meeting with UW nursing students to plan health fair for Medicaid families for prevention of illness practice.	This does not appear to have any link to Medicaid services.
3	8 (with Medicaid link described)	Telephone call about resources with a MOMS client.	The types of resources aren't described; no apparent link to Medicaid services. Appears that purpose not about bringing mom into services, but referring her on to other services??? May be better reported to Code 8.
8	8 (with Medicaid link described)	Completing paperwork for new referral to give to PH nurse in order for her to contact client	Needs to show link to Medicaid service.
8	8 (with Medicaid link described)	Entered PHN referral into SKRTS data base.	Needs link to Medicaid service.
8	8 (with Medicaid link described), 10 if no link to Medicaid	Visiting a deaf client with an SNL interpreter.	No link to Medicaid services.
8	8 (with Medicaid link described)	Wrote letter with application and intake form to parent of child with special health care needs explaining CSHCN program and sending resource information.	Wrote letter with application and intake form to parent of child with special health care needs explaining <i>medical services available through</i> CSHCN program and sending resource information.
8	8 (with Medicaid link described), 10 if no link to Medicaid	Took referral from health care provider regarding service for a family whose 4 year old has asthma.	Not clear whether medical services are what child needs.
10	15 (new Code 13)	Assisting client on Medicaid to arrange transportation.	No link to Medicaid services.
13	15 (new Code 17)	DSHS certified interpreter -translating and formatting written materials for childcare program at health department.	No link to Medicaid services.
18	18 (new Code 19, with Medicaid link described), 19 (new Code 20, if no link to Medicaid)	Worked with outlying school system to plan a clinic serving a Medicaid eligible group.	Not clear whether a Medicaid service will be provided. If not, this activity should be reported to Code 19 (new Code 20).
18	2	Working on data request around adolescent smoking and drinking habits.	Miscoded? No link to Medicaid.
18	18 (with Medicaid link described), 19 if no link to Medicaid	Attended health and wellness meeting with other community agencies.	No link to Medicaid services.
18	21 (new Code 22)	Met with program manager to discuss educational materials needed for a training at contract agency.	No link to Medicaid services - appears to be Non-Medical Provider Relations.
2. MISCODING			
<u>CODE</u>		<u>AS WRITTEN</u>	<u>COMMENTS</u>
19	25	E-mailing staff -attempting to get phones working.	This should be reported to Code 25: General Administration.
8	1	Opening eligible clients to services.	Appears to be linked to provision of direct service.
8	1	Reviewing my client caseload to see who needs to be seen and rescheduled.	Appears to be linked to provision of direct service.
8	1	Charting on a First Steps client	As part of billable service, needs to be reported to Code 1.

**THE MOST COMMON CODING PROBLEMS
in the February RMTS Pilot:
A Beginning List**

10	8,10, or 25	Returning from an IFSP meeting	Meeting could have focused on both Medicaid and non-Medicaid services. If the meeting was just on non-Medicaid services, then Code 10 is correct. If just Medicaid, then Code 8. If both, use Code 25 and note that IFSP meeting discussed both Medicaid and non-Medicaid services.
18	19 (new Code 20)	Putting a press release into Health Department's website regarding March of Dimes grant which will cover tobacco cessation classes for women of childbearing age and education on folic acid and vitamins.	No link to Medicaid. Should be reported to Code 19 (new Code 20).
25	1	Complete daily contact log and failed appointments for MSS intakes.	As part of billable service, needs to be reported to Code 1.
25	1 or 9B	Documenting patient teaching done to clarify need for child to be followed closely by pediatrician.	If done as part of billable service, would be Code 1. If not, would be appropriate as Code 9B; Anticipatory Guidance.
25	1	Organizing First Steps meeting to discuss documentation.	This is part of a billable service, should be reported to Code 1.
3. GENERAL ADMINISTRATION USED AS A CATCHALL			
<u>CODE</u>		<u>AS WRITTEN</u>	<u>COMMENTS</u>
25	?	Documentation on non-Medicaid client.	Needs to be coded to the activity for which the charting was done.
25	2,5 (new Code 4), or 8	Talking to physician office to obtain client address for notifiable condition.	If purpose of letter to client is to inform about condition, then Code 2 or Code 5 (new Code 4) should be used, as there is no link to Medicaid. If letter is to inform person about available medical treatment, then Code 8 could be used.
25	8 or 18 (new code 19)	Analyzing client data to determine eligibility for CSHCN program.	If this activity is focused on a single child, then Code 8 should be used to reflect an early step in linking child to Medicaid services. If the data review was at the systems level, focused on many children, then Code 18 (new Code 19) could be used to reflect planning around improving access to the Medicaid services covered by CSHCN.
25	?	Reviewing protocol to handle meningococcal outbreak response.	Protocol probably has several elements. The review probably took more than a minute; what part was being read at time of random moment? Was there a link to Medicaid services?
25	2	Organizing nutrition packets for Basic Food Program	This is an activity supporting a non-Medicaid service, should be reported to Code 2.
25	?	Meet with principal where TB outbreak occurred.	The purpose of the meeting is not described, or what was being discussed at the time of the random moment. Description covers more than a minute of activity.
25	16 (new code 18)	Data entry vaccine received	This is linked to vaccine quality improvement, should be reported to Code 16 (new Code 18)..
25	1 or 8	Talking to case manager about client's plans to move out of state later in the month.	This is a client-related activity. Use Code 1 if related to direct service such as MSS, Code 8 if discussion related to referral and coordination of Medicaid services.
25	22 (new Code 7)	Change scheduling for Spanish interpreter for ABCD	Since this activity is related to the ABCD program, it should be reported to this activity code - Code 22 (new Code 7).
4. DESCRIPTION COVERS MORE THAN ONE MINUTE OF ACTIVITY			
<u>CODE</u>		<u>AS WRITTEN</u>	<u>COMMENTS</u>
25	?	Downtown for HIV Outreach and Syringe Exchange	Needs NOT to be reported to General Administration, and to reflect what was done at the time of the random moment.
25	1 or 9B	Documenting patient teaching done to clarify need for child to be followed closely by pediatrician.	This appears to be a good example of anticipatory guidance (9B), if not done as part of a billable service or clinic visit.

**THE MOST COMMON CODING PROBLEMS
in the February RMTS Pilot:
A Beginning List**

3	2 or 3	I was wrapping up a class I did with a domestic violence support group. As part of my outreach I discussed with them the services that Auburn Public Health provides, including assisting them to get on Medicaid and Take Charge.	A good example of Medicaid Outreach ,but covers a lot more than one minute.
25	2 or 18 (new Code 19)	Attended meeting between Children and Family Health Division at WA Dept of Health and LHJs - discussion at this time was WIC program case distribution and change in providers statewide as well as WIC integration with other programs such immunization.	Could be reported to Code 2 if focus on WIC, Code 18 (new Code 19)if focus on immunizations.
5. PLANNING AND INTERAGENCY FUNCTIONS ARE NOT CODED CONSISTENTLY			
<u>CODE</u>		<u>AS WRITTEN</u>	<u>COMMENTS</u>
8		Prep for meeting with First Steps staff re: TERM project - to insure referral, linkage, coordination	This appears to be a systems, rather than client-specific activity focused on improving access to Medicaid services.
10	18 (new Code 19)	Smile Survey oral health screenings	Should be Code 18 (new Code 19), if it is correct that the screenings are done to assess the oral health of specific child populations, in order to better plan and deliver needed oral health services.
18	8	Trying to find a care manager for woman with active TB and epilepsy to reduce her use of emergency room.	This appears to be interagency coordination around a single individual, would be better reported to Code 8.
6. ACTIVITIES RELATED TO THE RMTS ARE MISCODED			
<u>CODE</u>		<u>AS WRITTEN</u>	<u>COMMENTS</u>
3	24	Reading Medicaid match training materials.	This should be reported to Code 24.
25	24	Completing RMTS	This should be reported to Code 24.
7. PURPOSE OF ACTIVITY NOT DESCRIBED, ONLY THE EVENT			
<u>CODE</u>		<u>AS WRITTEN</u>	<u>COMMENTS</u>
2		Consulting with provider about services for clients	This could be Code 3, if purpose was to help determine whether client is eligible for Medicaid.
8		Helping client on the phone	Purpose of phone conversation needs to be described.
8		Consulting with provider about services for clients	Purpose of consultation needs to be described.
8		Participated in multi-disciplinary team for case conference.	Needs purpose, link to Medicaid.
8		Processing PHN visit encounters	Needs purpose of encounters, link to Medicaid.
18		Attending county homeless coalition meeting	Purpose not explained, no link to Medicaid.
8. MEDICAID-RELATED ACTIVITIES ARE REPORTED TO NON-MATCHABLE OR WRONG CODES			
<u>CODE</u>		<u>AS WRITTEN</u>	<u>COMMENTS</u>
2	3?	Assisting patient to see application worker to get child on medical coupons	This appears to be Medicaid outreach.
19	?	Cataloguing different resources in community that we assist clients with in order to better serve families.	What kinds of resources?
19	?	talking to staff in a pediatric office.	About what?
8	6 (new Code 5)	Advocacy/referral to local CSO to get parent's SSI/Medicaid reinstated.	This should be Code 6 (new Code 5), as it is related to Medicaid eligibility.

**THE MOST COMMON CODING PROBLEMS
in the February RMTS Pilot:
A Beginning List**

8	3	Talking with CSHCN child's mother about managed care medical coverage and need to have open coupon to access regular physician	Assuming that the child is on Medicaid, this would be more appropriately reported to Code 3: Medicaid Outreach.
5	?	Orally informed non-Medicaid asylee about legal and medical services regarding his health screening.	It is not clear whether part of this activity (which represents more than a minute) is about linkage to Medicaid-covered services. The Medicaid status of the person should not be used to determine the activity code, but rather what the employee was doing at that time.
10	8	Following up on mental health issues for CPS client.	As a referral to Medicaid service, should go to Code 8
19	8	Directing client to dentists that accepts adult medical coupons.	Should be reported to Code 8, as the service is covered by Medicaid. Medicaid status is not considered in Code 8..
9. CODING IS LINKED TO MEDICAID STATUS OF CLIENT, NOT THE ACTIVITY			
<u>CODE</u>		<u>AS WRITTEN</u>	<u>COMMENTS</u>
2		Abnormal pap follow up on non-Medicaid client.	Coded correctly if done as part of office visit, if follow up is to medical provider and not linked to clinic visit, then could be reported to Code 8.
5		Outreach activity with pamphlets to non-Medicaid clients.	Content of pamphlets should determine whether the outreach activity should be reported to Code 3, Code 5 (new Code 4), Code 8, or Code 10.